

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S62618 (1)

1. Corporation Name

MOVIES & MORE OF SOUTH FLORIDA, INC.



Principal Place of Business

Mailing Address

13727 S.W. 152ND STREET
SUITE 271
MIAMI FL 33177

13727 S.W. 152ND STREET
SUITE 271
MIAMI FL 33177

2. Principal Place of Business

2a. Mailing Address

21 450 North Pine Road

26 450 North Pine Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 710

27 710

City & State

City & State

23 Hollywood FL

28 Hollywood FL

Zip Country

Zip Country

24 33021

29 33021

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/27/1991

3a. Date of Last Report

04/26/1995

4. FEI Number

65-0271086

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

450 North Pine Road

83 710

84 City

Hollywood

FL

85 Zip Code

33021

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME KAZDIN, RICHARD
STREET ADDRESS 11524 SW 127 COURT
CITY-ST-ZIP MIAMI FL

1.2 NAME
1.3 STREET ADDRESS 450 North Pine Road Ste 710
1.4 CITY-ST-ZIP Hollywood FL 33021

TITLE ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME KAZDIN, SHARON
STREET ADDRESS 11524 SW 127 COURT
CITY-ST-ZIP MIAMI FL

2.2 NAME
2.3 STREET ADDRESS 450 North Pine Road Ste 710
2.4 CITY-ST-ZIP Hollywood FL 33021

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY-ST-ZIP

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (12/95)